

03500.013965.1



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
KEIZO TAKURA) : Examiner: NYA
Application No.: 10/660,613) : Group Art Unit: NYA
Filed: September 12, 2003) :
For: IMAGE PROCESSING)
DEVICE AND IMAGE) :
PROCESSING METHOD) Date: November 4, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

Further to the Preliminary Amendment filed September 12, 2003, please amend the above-identified application as follows:

11/06/2003 BABRAHA1 00000141 10660613

01 FC:1202
02 FC:1201

216.00 OP
86.00 OP



In re Application of:

KEIZO TAKURA

Application No.: 10/660,613

Filed: September 12, 2003

For: IMAGE PROCESSING DEVICE AND
IMAGE PROCESSING METHOD

Docket No.

03500.013965.1

Examiner: N/Y/A

Group Art Unit: N/Y/A

Date: November 4, 2003

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Preliminary Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 32	MINUS	** 20	= 12	x \$9 \$18	\$216.00
INDEP. CLAIMS	* 4	MINUS	*** 3	= 1	x \$43 \$86	\$ 86.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$302.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$302.00 is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 40,575

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